

October 11, 2013

«First__Name» «Last__Name», «Title»
 «Address__1»
 «Address__2»
 «City», «State» «Zip»

Re: HEDIS® Cervical Cancer Screening Measure

Dear «First__Name» «Last__Name», «Title»:

As a continued part of our efforts to ensure that you are aware of Jai Medical Systems Managed Care Organization, Inc.'s quality assurance standards as they relate to HEDIS® (Healthcare Effectiveness Data and Information Set), we are sending this letter. It is our hope that this information will assist you in achieving our quality assurance goals.

The **Cervical Cancer Screening Measure** calculates the percentage of women, between 21-64 years of age, who were continuously enrolled with Jai Medical Systems Managed Care Organization, Inc. during the measurement year and who received one or more Pap tests during that year or the two years prior. Although the measure examines the percentage of women who received **at least one** Pap test over a three-year period, it is our hope that patients will receive at least one Pap test every year.

Jai Medical Systems Managed Care Organization, Inc. expects all contracted primary care physicians to perform all needed primary care for their patients. **This includes performing the annual Pap test.** Please ensure that you code the Pap test performed with any of the following codes provided in the HEDIS criteria:

CPT	HCPCS	ICD-9-CM Procedure	UB Revenue	LOINC
88141-88143, 88147, 88148, 88150 , 88152-88155, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	91.46	0923	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

If you can confirm that your patient has had a hysterectomy and has no residual cervix, please document this information fully in the patient's medical record. Please also bill using one of the codes below to indicate a history of hysterectomy. This will remove your patient from this measure in the future:

Description	CPT	ICD-9-CM Diagnosis	ICD-9-CM Procedure
Hysterectomy	51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135	618.5, V67.01 , V76.47 , V88.01 , V88.03	68.4-68.8

This measure may also look to see if the patient received the human papillomavirus test in the last 5 years. Please perform this important exam as medically appropriate.

If your patient needs a referral for follow-up care based on the results of the Pap test, please refer her to a gynecologist in the Jai Medical Systems Managed Care Organization, Inc. Network.

Attached you will find a criteria acknowledgement receipt. After reviewing the standards for this measure, please sign and fax this receipt to Stephanie Scharpf at (410) 433-4615.

We believe that the information provided will help you understand how HEDIS[®] will be used to interpret the quality of care provided to our members. Please remember that this information has been adapted from HEDIS[®] guidelines and should not be substituted for your sound medical judgment. Thank you for your continued efforts to ensure that our members receive the highest quality of care possible. Please feel free to contact us at (410) 433-2200 if you have any questions or concerns.

Sincerely,



Frances Bird, M.D.
Director, Quality Assurance

Sincerely,



Stephanie Scharpf
Director, Regulatory Compliance and
Administration